Weekly Task List for Participant Assistance and Care (PAC) Services

FSW Waiver Participant	RID #
DDRS Approved PAC Service Provider Agency	
REQUIRED: One record per shift identifying PAC staff member, complete date and time of shift with staff	fs' initials beneath each task completed during shift.

Staff Member Name/Complete	Assistance	Assistance	Assistance	Assistance	Assistance	Assistance	Assistance	Assistance	Assistance	Escorting	Supervision	Reinforcemen	Adherence
Weekday, Date & Time (including	with	with	with	with	with	with	with	with	with	Participant	and	t of Behavioral	to Risk
a.m. or p.m. of Shift)	Personal	Meals	Shopping	Errands	Correspond-	Scheduling	Chores	Leisure	Mobility	to	Monitoring	Support Plans	Plans (if
	Care				ence or Bill	Appoint-		Activities		Communit	(includes	(if any)	any)
					Paying	ments				y Activities (includes	prompting and		
					Taying					social	reminders)		
										activities)			
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